STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL001008		B. WING		03/26/2015			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
DI FASANT GROVE RETIREMENT HOME HIGHWAY 49N 4516							
		BURLING	TON, NC 27	T	T		
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	S. Bryant and Ed M Records indicate th submitted for licens The facility is currer Therefore the facilit conformance with tl 2005 Rules for Lice Seven or More Bed the 1978 (Revision Carolina Building C Occupancy and the	ne applicable portions of the nsing of Adult Care Homes of s and applicable portions of 10) Edition of the North ode(s), Institutional 1987 Rules for Licensing of of Seven or More Beds in					
C 160	(1) The outside gro	PHYSICAL PLANT 05 PHYSICAL ints for outside premises are: bunds of new and existing aintained in a clean and safe	C 160				
	A. Based on observe the facility are not be due to clutter and a items store around tripping hazard to the Findings on 03/26/21. There is equipment stored on the front page 1.	ration the exterior grounds of eing kept in a safe condition bandoned equipment. The the building could be a ne residents. 2015: ent such as power washers					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
HAL001008		B. WING		03/26/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
PLEASA	NT GROVE RETIREM	FNT HOME	/ 49N 4516 STON, NC 27	217			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 160	Continued From pa	ge 1	C 160				
	debris stored next t	o the building.					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of	06 HOUSEKEEPING AND					
		et as evidenced by: lity and their furnishings are n and in good repair.					
	Staff Living Area The combination cluttered with trash.	bedroom and living area is					
	b. The carpet is sta trash.	ined and dirty and littered with					
	c. Furnishings are o	dirty and dusty.					
	d. The bathroom flo dirty.	oor and walls and fixtures are					
		e of the presence of insects re are traps for rodents and e area.					
		airs and a bench on the porch inishes and upholstery need ent.					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
HAL001008		B. WING		03/2	03/26/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADI				DRESS, CITY, S	STATE, ZIP CODE	-	
PLEASA	NT GROVE RETIREM	ENT HOME		′ 49N 4516 TON, NC 27	217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 166	Continued From pa	ge 2		C 166			
C 166	Housekeeping-Mair	ntained Free of Haz	ards	C 166			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities. This Rule is not me A. Based on observe to the possibility of i water into the dome Finding from 03/26/ 1. Laundry - A hose extends to the botto have a vacuum bre installed.	es shall: n an uncluttered, cle e of all obstructions apply to new and ex et as evidenced by: vation a hazard is presented by the backflow of conceptic water supply. (2015: attached to a mudom of the sink and comestic water supply)	ean and and xisting resent due taminated sink faucet loes not				
	B. Based on observe plumbing equipment piping installed.						
	Finding from 03/26/ 1. Water Heater Clo have piping connec (PRV). The piping is down to the floor the pressure should the	oset - A water heate ted to the pressure s required to direct at would be release	relief valve hot water				
C 189	Building Equipment	: Maintained Safe, C	Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS						

Division of Health Service Regulation STATE FORM

6899 3QK221 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X			/SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		HAL001	008	B. WING		03/	26/2015	
NAME OF PRO	OVIDER OR SUPPLIER	•	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
PLEASANT	GROVE RETIREM	ENT HOME	_	749N 4516 TON, NC 27	217			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
(a m ca op (k fa w) TI A. cc Fi 1. ta ex class class class class con firms cc firm	ontinued From particles on the building and pleare home shall be berating condition. This Rule shall acilities with the exhich shall not appoint in the shall not appoint	ad all fire safet umbing equipment aintained in apply to new acception of Parally to existing for the assert existing and the acception of Parally to existing for the assert existing for the acception, the fire maintained or the event of a forest event of a forest existing and late and the acception, the fire aintained in a safe action, the fire aintained in a safe action required the acception of the acception	ment in an adult in a safe and and existing ragraph (e) facilities. End by: Ing in a safe and and existing ragraph (e) facilities. Booke the folding in a safe and wiring. In a safety in a safe and wiring and wiring. In a safety in a safe and a safe and wiring and wiring. In a safety in a safe and a safe and a safety in a safety in a safety in a safety of the condition. Holes a safety of the safety code to be the fire resistance in the rated ity occupants if	C 189				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DA		ATE SURVEY DMPLETED			
		HAL001008	B. WING		03/2	26/2015		
NAME OF PROVIDER OR SUPPLIER PLEASANT GROVE RETIREMENT HOME STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 49N 4516 BURLINGTON, NC 27217								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
C 189	1. Pantry - There is	an open ended pipe sleeve cable penetrating the fire	C 189					

Division of Health Service Regulation STATE FORM